

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-034452

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 128Primary Registration District No. 2000Registrar's No. 1480

STATE FILE NUMBER

FILED OCT 8 1962

1. PLACE OF DEATH

a. COUNTY

Greeneb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Springfield Mo.Length of stay in 1b
8 hrs.c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Burge HospitalInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

GreeneInside Limits
Yes ☒ No ☐c. CITY
OR TOWN Ash Grove

(If outside, give location)

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Christian Jerimiah Sias4. DATE
OF DEATH

Month

Day

Year

October 3 1962

5. SEX

Male

6. COLOR OR RACE

White7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

1-21-1904

9. AGE (last birthday)

58

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)Minister

10b. KIND OF BUSINESS OR INDUSTRY

Christian Church

11. BIRTHPLACE (City and state or country)

Bridgewater Iowa

12. CITIZEN OF WHAT COUNTRY

U. S. A

13a. FATHER'S NAME

George M. Sias

13b. MOTHER'S MAIDEN NAME

Christina Thield

14. NAME OF HUSBAND OR WIFE

Dottie Sias

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown)

No

16. SOCIAL SECURITY NO.

(If yes, give war or dates of service)

None

17. INFORMANT

Mrs. Chris J. Sias

Address

Ash Grove Mo.18. CAUSE OF DEATH (Enter only one cause per line for
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral hemorrhageINTERVAL BETWEEN
ONSET AND DEATH11 hrs.Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Hypertensive C-V diseaseunknown

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour
a.m. p.m.
Month, Day, Year.20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 3 Oct 62 to 3 Oct 62 and last saw him alive on 3 Oct 62
Death occurred at 10:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Kenneth E. Knapp, M.D.

22b. ADDRESS

1630 N. Jefferson

22c. DATE SIGNED

5 Oct 6223a. BURIAL, CREMATION,
REMOVAL (Specify)Burial

23b. DATE

Oct. 6-1962

23c. NAME OF CEMETERY OR CREMATORY

Ash Grove Cemetery

23d. LOCATION (City, town, or county)

Ash Grove

(State)

Mo.

24. FUNERAL DIRECTOR

Bob Birch

ADDRESS

Ash Grove Mo.

25. DATE RECD. BY LOCAL REG.

10-5-62

26. REGISTRAR'S SIGNATURE

Effie S. Meeter

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/5910397203903456789443X101112 1-013

OCT 23 1962
NOV 14 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Richard E. Watts

Licensed Embalmer No. 4652

P. O. Address Oak Grove mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit issued 18-5-64